

AO 435
(Rev. 03/08)

Administrative Office of the United States Courts

FOR COURT USE ONLY

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Robert D. Watt, Jr., Esq.		2. PHONE NUMBER (401) 274-1400		3. DATE 4/30/2013	
4. MAILING ADDRESS 84 Ship Street		5. CITY Providence		6. STATE RI	7. ZIP CODE 02903
8. CASE NUMBER 1:11-cr-00186-S	9. JUDGE Smith	DATES OF PROCEEDINGS			
12. CASE NAME United States v. Joseph Caramadre		LOCATION OF PROCEEDINGS			
15. ORDER FOR		13. CITY Providence			
<input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL			
		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS			
		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER			

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Hearing on Motion to	04/24/2013
<input type="checkbox"/> BAIL HEARING		Withdraw Guilty Plea	

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE <i>Robert D. Watt Jr.</i>		PROCESSED BY	
19. DATE 4/30/2013		PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY		COURT ADDRESS	
ORDER RECEIVED	DATE	BY	
DEPOSIT PAID		DEPOSIT PAID	
TRANSCRIPT ORDERED		TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED		LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT		TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT		TOTAL DUE	0.00

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